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## INDIANA BOARD OF ACCOUNTANCY

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### NOTICE OF INTENT TO PRACTICE ACCOUNTANCY



**Return the completed notice of intent and supporting documentation to:**

Indiana Professional Licensing Agency  
Attn: Indiana Board of Accountancy  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**For more information on the Indiana Board of Accountancy, please  
visit our website at [www.in.gov/pla](http://www.in.gov/pla).**

Pursuant to Indiana Code 25-2.1-4-10(a), an individual whose principal place of business is NOT in Indiana and who either has a valid certificate as a CPA from any state that the Indiana Board of Accountancy or its designee has determined to be in substantial equivalence with the CPA licensure requirements of this state, or has individual CPA qualifications that have been determined by the Indiana Board of Accountancy or its designee as substantially equivalent to the CPA licensure requirements of Indiana, shall be presumed to have qualifications substantially equivalent to this state's requirements and shall have all the privileges granted to the holder of a CPA certificate under Indiana Code 25-2.1-3 or a permit under Indiana Code 25-2.1-5. However, such individual shall notify the Indiana Board of Accountancy of the individual's intent to conduct business in the state.

An individual of another state exercising the privileges granted under Indiana Code 25-21-4-10(a) consents, as a condition of this privilege, to:

1. the personal and subject matter jurisdiction and disciplinary authority of the Indiana Board of Accountancy;
2. comply with Indiana Code 25-2.1 and Title 872 of the Indiana Administrative Code; and
3. appointment of the Indiana Board of Accountancy or the Indiana Professional Licensing Agency on whom process may be served in any action or proceeding by the Indiana Board of Accountancy against the individual.

If you will be coming to the State of Indiana to practice accountancy, you must, prior to practicing in Indiana, notify the Indiana Board of Accountancy by filing the following:

1. A completed and notarized Notice of Intent to Practice Accountancy in Indiana; and
2. A certification of your CPA certificate of registration from the jurisdiction that issued the certificate. This certification must be an original, with the state's official seal.

**This is NOT a license or permit for the firm to practice in Indiana.**

Pursuant to 872 IAC 1-5-1, an individual exercising the privileges under Indiana Code 25-2.1-4-10 shall renew with the Indiana Board of Accountancy his or her Notice of Intent no later than **January 2<sup>nd</sup> of each year** by submitting the Notice of Intent to Practice Accountancy in Indiana. This Notice of Intent shall be amended within thirty (30) days after the individual changes his or her principal place of business or within thirty (30) days after the out-of-state certificate of registration has been denied, revoked or suspended in any jurisdiction. An individual who previously exercised the privileges under Indiana Code 25-2.1-4-10 but no longer holds a valid certificate of registration in another state or whose principal place of business becomes Indiana may no longer exercise those privileges without obtaining an Indiana CPA certificate.

Questions regarding notification should be directed to the Indiana Board of Accountancy at either (317) 234-3040 or by emailing [pla11@pla.in.gov](mailto:pla11@pla.in.gov).

To avoid unnecessary delays in the processing of your request, please submit a completed application and include all required documentation.



# Notice of Intent to Practice Accountancy in Indiana

**Indiana Board of Accountancy**  
Indiana Professional Licensing Agency  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
[www.in.gov/pla](http://www.in.gov/pla)

\* Your Social Security Number is being requested by this state agency in accordance with Indiana Code § 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

## FOR OFFICE USE ONLY

APPLICATION FEE:

RECEIPT NUMBER:

DATE FEE PAID:

DATE APPROVED:

**Check Applicable Box:**

☐ New Registrant

☐ Renewal

☐ Amended

**ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.**

## APPLICANT INFORMATION

Name of Applicant (last, first, middle, maiden or previous)

Current Business Address (number, street or Rural Route)

City

State

ZIP Code

Work Telephone Number (include area code)

Home Telephone Number (include area code)

Email Address

CPA Certificate Number

Firm Permit License (if any)

Social Security Number \*

## LICENSE INFORMATION

Please include a certification of the CPA certificate of registration from the jurisdiction that issued the certificate and complete the following:

CPA certificate number \_\_\_\_\_ issued on \_\_\_\_\_ from the \_\_\_\_\_

Board of Accountancy is held by me and I am subject to NO disciplinary action by this Board. I hold a license/permit from this Board for the period ending \_\_\_\_\_ which allows me the unrestricted privilege to use the CPA title and to practice accountancy in this Board's jurisdiction.

## AMENDMENT INFORMATION

Please indicate the status of your certificate of registration:

☐ Denied

☐ Revoked

☐ Suspended

## AFFIDAVIT OF APPLICANT

I have read Indiana Code 25-2.1 and Title 872 of the Indiana Administrative Code and do understand the law and rules of the Board applicable to all CPA's, particularly those about professional ethics and conduct, and the continuing education requirements, and agree to be governed by all laws and rules aforementioned. I meet the requirements to apply for an Indiana CPA certificate under substantial equivalency pursuant to Indiana Code 25-2.1-4-10. I understand that I am waiving any claim of confidentiality or privacy regarding disclosure of public records. I authorize the Board to make such investigation inquiries it deems necessary and release from liability all parties responding to such inquiries. I affirm under penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct and complete.

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the Indiana Board of Accountancy.

Signature of Applicant

Date signed (month, day, year)

## NOTARY CERTIFICATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_



SS:

I, \_\_\_\_\_, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of Applicant

Signature of Notary Public

Printed or Typed Name of Applicant

Printed or Typed Name of Notary Public

Date Subscribed and Sworn To (*Notary Public*)

County of Residence

Date Commission Expires